

PART B - FEE(S) TRANSMITTAL

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00136 7590 06/27/2003

JACOBSON HOLMAN PLLC
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(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/756,288	01/09/2001	Signe Uhre Guldfeldt	P66317US0	5968

TITLE OF INVENTION: EXTERNAL URINARY CATHETER DEVICE FOR THE RELIEF OF MALE URINARY INCONTINENCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	*PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	09/29/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOGART, MICHAEL G	3761	604-349000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Coloplast A/S

Humlebaek, DENMARK

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

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Issue Fee (\$1300)

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Publication Fee (\$300)

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(Authorized Signature) *Harvey B. Jacobson, Jr.* (Date) 08/20/03
Harvey B. Jacobson, Jr. Reg. No. 20,851

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08/21/2003 KZEW/DIE1 00000012 09756288

01 FC:1501 1300.00 OP
02 FC:1504 300.00 OP

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